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TWO CASES OF MALIGNANT OPHTHALMIC DISEASE.

(WITH A LITHOGRAPH.)

By George A. Bethune, M.D., one of the Surgeons of the Mass. Eye and Ear Infirmary.

[Communicated for the Boston Medical and Surgical Journal.]

CASE I. *Colloid Tumor of the Orbit.*—May 11, 1847. Mr. J. B. S., 35 years of age, by trade a blacksmith, applied to me for advice under the following circumstances. He stated that his health was generally good. Fifteen years ago he had inflammation in both eyes, which have remained somewhat weak from that time, but he has had no other disease about them till five years ago, when a growth appeared, which commenced at the inside of the globe of the left eye, and grew towards the cornea (pteryx). Two years ago, it began to increase at the inner angle, and to throw the eye outward. He has had no pain in this eye, except on exposure. This eversion is constantly increasing. From its commencement the sight of this eye began to fail, and with it he has now a mere perception of light. For two or three months past he has had occasional "twinges" in left eye, and an increasing "blur." On examination, right eye, a membranous pteryx overlaps the cornea at its inner edge. *Left eye.* The globe is pushed forward and outward. A thick vascular pteryx overlaps the cornea, as in the other eye, at its inner edge. Growing from base of pteryx is an elastic tumor which fills the inner commissure of the lids, and which projects more below than above.

On the 12th, the pteryx was removed from the left eye, and the operation was rendered nearly painless by the administration of the ether with the sponge. On the 14th the operation was performed on the right eye. At the earnest request of the patient I first attempted to remove the tumor without interfering with the eyeball, though I had but little hope that this could be accomplished. I soon found this impossible, as the tumor extended deep into the orbit. The attempt, however, by the considerable hemorrhage which ensued, very much embarrassed and prolonged the operation. I now removed the globe, and afterwards the tumor which adhered pretty closely to the bone. The globe was found healthy, with the exception of the pterygium. The tumor, of the size of an English walnut, was found to consist of rather a soft gray substance, made up of large jelly-like granules, and was considered by my friend, Dr. J. B. S. Jackson, to be a true specimen of colloid cancer.

The ether was administered in the first instance with the sponge; but after inhalation for fifteen or twenty minutes, insensibility not occurring, but in its place an hysterical state, the tube was substituted, and complete unconsciousness was produced, which continued during the operation.

June 1st.—He has been doing well since the operation, with the exception of headache, which remained for twenty-four hours after the inhalation. The first dressing was simply of sheet lint dipped in cold water. After a few days, as some discharge came on from the suppurating surface, the lint was spread with prepared lard. The patient describes himself as relieved of the uneasy sensations in the other eye, and generally as feeling better than he had done for months. Discharged.

CASE II. *Melanosis of Globe.*—Mrs. G., aged 43. Says that her health has been generally good till within the last six years. About six years ago, began to have pain at catamenial periods, with menorrhagia and bearing-down pains. For this she took medical advice, and on examination, per vaginam, a polypus uteri was discovered, which three years ago was removed. Four years ago last fall, subsequently to exposure to a current of air from an open window after a shower, she began to have pain, redness, &c., in the right eye, with gradual loss of sight, which, at the end of three months from the first attack, became total. I first saw her on April 22d, 1845. Note was made of her case at that time, which has been unfortunately mislaid. I remember, however, that from the appearance of the eye I at once presumed that it was blind. Of this, the patient was totally unaware, till I directed her to close the other eye. She had some uneasiness in both eyes at that time, which yielded to some simple remedies, and I advised that the blind eye should not be meddled with.

I saw no more of her till the early part of June, when she told me that, in consequence of occasional attacks of pain, she was induced to consult an oculist of this city, who recommended an operation for cataract, to remove the irritation and to improve the appearance of the eye. This was accordingly done, but the operation was followed by severe inflammation, which she says has never entirely subsided. About eight or nine months ago, she perceived a "sore place" in the centre of the ball, and three or four months ago the eye began to project at this point, and this projection has constantly increased from that time. During the winter she has had frequent darting pains through the eye.

None of her family, so far as she knows, are subject to cancer.

Now (June 9th, 1847) the left eye is well, with the exception of occasional "*muscæ volitantes*." On examination of the right eye, the anterior half of globe is seen to project in an irregular fungous mass, to the distance of half an inch through the lids. In front, of cartilaginous hardness, of a mixed white and red color; behind this, at base, of a mixed red and black color. Still posterior to this, is a mass of the size and shape of half a large duck-shot, which is nearly black, with a livid tint. The remainder of the globe is much injected, but not enlarged. A sanious discharge exudes from the surface. She was admitted to the House, and was ordered simple tepid applications.

14th.—Some pain in eye, with slight erythema of lids. Two leeches to temples.

15th.—Not relieved by leeches. R. Infus. senna comp., c. tr. rhei, now, and pulv. Doveri, gr. x., to-night if pain.

18th.—The inflammation has subsided, but the fungoid protrusion has considerably increased. The operation was performed at 12, M. The ether was inhaled by the sponge. Entire insensibility was produced in a few minutes, which continued throughout the operation, and she did not awake till after being carried down stairs and placed in her bed. She had no subsequent pain, headache, or indeed uneasiness of any kind. The extirpation of the eyeball was accomplished in a few minutes; a stitch was placed at each commissure, and the wound dressed with sheet lint dipped in cold water. In a day or two, as in the other case, the lint was spread with lard, and on the 19th she was discharged with the wound nearly healed.

July 20.—This patient was seen to-day. The wound has wholly healed. She has no uneasiness of any kind about the orbit. Her general health and appearance have improved.

Examination of the eye, after removal, showed the globe to be but little enlarged, except anteriorly as above described. The optic nerve at point of division was spotted black. On division of globe, both hemispheres were found solid, without a trace of the humors remaining. Their place was supplied by an irregular mass, two thirds anteriorly of a dark brown color, and firm; one third posteriorly whitish, having much of the appearance and consistence of cartilage, intermixed, however, with some small dark spots. The sclerotic can be traced for half an inch at the line of division between the two parts, and is there lost, to re-appear imperfectly on the outer part of the eye.

A very beautiful colored drawing was made of the eye, within a few hours after its removal, by Mr. W. H. Tappan, of this city, whom I would recommend as a skilful artist to any gentleman with anatomical specimens which he is desirous to have copied.

The annexed lithograph gives a very good idea of the appearance of the eye after maceration in alcohol.

Both this and the tumor of the orbit are deposited in the cabinet of the Boston Society for Medical Improvement.

Remarks.—I am not aware that colloid disease of the orbit has ever been described. This form of cancer is quite rare in any situation. Dr. Walshe alludes to it as especially met with in the stomach, omentum, and other parts of abdomen, which cavity is doubtless its most frequent seat. According to Cruveilhier, its successive or simultaneous development in different organs is rarely observed. If this be the case, there is ground for hoping that the disease may not return in the case I have given above.

It is at least worthy of remark, that, in the above case, some connection, perhaps only of an accidental character, seemed to exist between the colloid disease and the pterygium of the globe. From the base of this growth, as described by the patient, the malignant disease first sprang. In this he may possibly have been deceived, and the latent

affection in the orbit may have led to the disease of the conjunctiva. The existence of a pteryx on the other eye, which has hitherto remained without any sign of malignant disease, can hardly be considered as especially in favor of either supposition.*

In the second case, melanosis of the globe, the morbid phenomena date back to a period of four years, and were exceedingly insidious in their earlier development. Till I saw her, the affection of the eye had never been considered as of a serious character, and though I advised that nothing should be attempted with a view to restore the sight, I certainly had no suspicion of the real changes that were then taking place. Melanosis of the eye, though very well known to European surgeons, is by no means a frequent disease. Out of some fifteen thousand cases of eye disease which have been seen at the Infirmary within the last twenty-three years, this is only the second case of melanosis, so far as I can find out, which has been observed. In the other the eye was removed more than two and a half years since, by my colleague, Dr. Hooper. The patient, a female, is still living, or was till very lately, but the disease has returned in the adjoining parts. Melanosis is said by Cruveilhier to be characterized by a tendency to attack several organs simultaneously. In neither of these instances was there evidence of any similar affection of other parts of the body.

The appearance of the disease at the point of section of the optic nerve shows that it had already penetrated further, and renders it but too probable that it must again develop itself. It is a sober question for the surgeon to answer to himself, as well as to his patient, with regard to the propriety of an operation, when such a disease is presented. Dr. Walshe, in his late treatise on cancer (under which, however, he does not include melanosis, though it is ranked under that head by other pathologists), after a series of propositions, deduced from numerical analyses, concludes, that, as a general rule, cancerous growths should not be interfered with by the knife. He has undoubtedly given very strong reasons for the conclusion that but a faint hope of permanent cure can be held out. But I think that had Dr. Walshe been a practical surgeon, instead of a very excellent writer on cancer, he would have expressed this opinion with more reserve. The patient comes to us to get rid of a diseased mass which does not merely threaten his life, but is often a cause not only of pain to himself, but of disgust to all with whom he is brought in contact. Its removal restores him, for a time at least, to usefulness and the comforts of society. If we also consider, what is well known to most practical men, that patients are seldom satisfied to die without an attempt to arrest the ravages of disease, and that this frequently carries them into the hands of unprincipled and ignorant empirics, to suffer useless tortures, I think we shall feel bound, in cases where a limited part only is apparently involved, not to refuse to operate, if, after a candid statement to the

* A cancerous pterygium has been described by some writers. I have never met with such a variety. Mr. Lawrence thinks that "appearances which have given rise to the description may have arisen from the injudicious use of the stimulant and escharotic applications which have been recommended for pterygia of the common kind."

patient and his friends, the operation is requested. The late introduction of ethereal inhalation, by removing a main cause of terror, furnishes a new argument in favor of this course, at the same time that, by diminishing the shock of the nervous system, it seems to diminish the danger of subsequent unfavorable results.

Boston, July 21, 1847.

THE NATURE AND TREATMENT OF SEA SICKNESS.

By F. Willis Fisher, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

If we were to judge of a disease from the painful sensations that it causes, rather than from the danger it involves, we should be forced to class sea sickness in the rank of the scourges of humanity. This affection kills no one, but causes those affected by it to suffer severely. Many marine officers have been compelled to give up the life they had chosen, because the habit of navigation could not relieve them from the occurrence of nausea every time the sea became rough and agitated. Some persons have renounced revisiting their country and their families, sooner than expose themselves again to what they suffered from sea sickness on their first voyage. Every scholar knows that Cicero preferred giving his head to the assassins of the triumviri, rather than remain a few moments longer a prey to the pain of sea sickness on the vessel which bore him far from the shores occupied by his enemies. A morbid state, capable of imposing the sacrifice of all that man holds most dear, the sacrifice of ambition, that of the natural affections, and even of life, surely merits the attention of the physician. Upon the nature of sea sickness, and the rational means to employ with the view to avoid and combat it, nothing positive is as yet known; a proof of which lies in the diversity of opinions on this subject. We do not think that the true theory of it has as yet been given.

Nearly all writers have considered the affection in a reverse sense of what is really the case:—for example, in attributing sea sickness to a sanguineous congestion of the brain; or, assigning it a cause in fact incapable of producing it, in referring it to shocks or agitations that are communicated to the intestines by the motion of the vessel. To form an estimate of these two opinions, the experience and theory of M. Pellarin during his service as marine surgeon, seem deserving of attention, as approaching nearer the true cause and theory of this disagreeable affection. The invasion of sea sickness, far from being accompanied by the ordinary symptoms of congestion, a flushed countenance, vascular turbulence, full pulse, sensation of heat and tension in the cranium, throbbing of the temporal arteries, the eyes brilliant and injected, &c., is rather characterized by the opposite state—a paleness of the face and hands, a retreat of the blood from the surface, a depressed pulse, general hyposthemia, a dull, glassy eye when the affection is at its highest point. M. Pellarin has never observed any of the accidents of cerebral hyperemia in individuals affected by sea sickness. If during great efforts

of vomiting, the blood flows to the head for the moment and colors the face, it is only the instantaneous result of these efforts; the paleness soon reappears, with all the other characters of the anæmic state, just as it happens when one is under the influence of tartar emetic, taken in such a dose as to produce vomiting.

Another consideration, which ought still more to remove the idea of the sanguineous cerebral congestion, is that one suffers less when lying down, than when standing; and less still, if, instead of remaining simply in a horizontal position, he has his head lower than the rest of the body.

As to the explanation which would make this affection to depend upon the shocks impressed upon the intestinal mass, this resists examination no better than the first. The trotting of a horse shakes the bowels much more than the pitching and rolling motion of a vessel, yet it never causes anything that resembles sea sickness. Sickness from riding in a carriage is of the same nature as the last; it is like the disagreeable sensations caused to some persons by swinging. This sickness is sooner felt in a carriage suspended with springs, than in a hard jolting cart, which shakes the organs much more than an easy carriage. One may make upon himself the experiment of the mechanical shock impressed on the intestinal mass, by agitating the floating portion of the abdominal viscera with his hands, by giving them successive impulses, either from below upwards, or in any other direction, and he can never cause by these manœuvres anything analogous to sea sickness. Compression, a kind of kneading of the stomach when distended by food, may sometimes cause the expulsion of a portion of its contents, but it does not resemble that strange uneasiness and profound prostration which characterize sea sickness.

The other explanations ordinarily given for sea sickness—such as the sanguineous congestion of the brain, the shaking of the abdominal viscera; that this affection has a cause altogether nervous, depending principally upon the nerves that excite the epigastric and abdominal viscera, &c., throw no light on the question.

M. Jobard, of Brussels, without doubt has reason in saying that the essential cause of sea sickness is purely mechanical. However, he goes too far when he adds that the odor of the vessel does not the least contribute to excite it. Although this state of uneasiness may be caused by the movements of the vessel, yet it is not less true, that whatever excites repugnance, the odor of the tarry materials, the emanations that come from the hold and other low parts of the vessel, the sight of persons vomiting, all these impressions second the nauseous influence of the mechanical cause of sea sickness, and tend to produce it, from sympathy. Moreover, the proofs that sea sickness depends essentially upon the motions of rolling and pitching, are so evident that it is not worth the trouble to cite them. The nausea arises under the influence of these movements, and is generally proportioned to their extent and quickness. It is felt less in the centre of the ship, near the foot of the mainmast, because the double motion is less there than at the edge, especially at the extremities where the pitching is most considerable. In a hammock or frame suspended so as to have as little friction as possible, which rests

always in the direction of the perpendicular, and consequently not subject to the different inclinations of the vessel, one nearly escapes being sick. The production of vertigo and nausea which precedes the vomiting, may in part be imputed to the impressions resulting from the sight of objects which appear to rise and fall alternately in relation with the vessel. Regarding the horizon continually oscillating and moving, or the steerage of the vessel, or the water that seems to fly along its sides, is sometimes sufficient to determine the crisis of sea sickness. From this follows the opinion that it is especially by the eyes that sea sickness affects the economy. Nevertheless, as some have pretended, the visual impression is not the essential cause of the nausea, for it is equally experienced in obscurity of night, and by blind persons.

M. Pellarin has not remarked so striking a difference as M. Jobard, and many others, between the influences of rising and falling, and he affirms that when one is forward, the crisis of the nausea takes place at the moment this extremity rises. Whatsoever it may be, M. P. is disposed to admit what a marine officer recently told him. It is in the rising motion or ascension that the nausea commences, but it is in that of descending that the nausea is exasperated and acquires all its intensity. The following is the theory of M. Pellarin. Sea sickness ought to be attributed to the trouble caused in the circulation of the blood by the alternate movements of inclination that the ship undergoes; either lateral, rolling; or antero-posterior, pitching. This trouble has for a result, not to congest the brain, as Wollaston pretends, but, on the contrary, to deprive it of a sufficient quantity of blood for the normal stimulation of the nervous centre. That which is experienced in sea sickness is in fact analogous to what often happens in arresting the flow of blood in persons who are bled while sitting or standing, and who at the time they faint are taken with a disposition to vomit, and really do vomit. M. P. does not deny that by reason of the general diminution of the circulation there may be a stagnation of the venous blood in the cerebral sinuses, but it is especially in the want of a sufficient excitation of the nervous centres by the arterial blood that the primordial phenomenon of sea sickness seems to consist. Observe a person seized by sea sickness; his face becomes pale, his extremities cold, his nails turn blue as at the debut of intermittent fever. What he experiences resembles much the effects produced by the smoking of the pipe or the cigar, on persons who are not accustomed to smoke. The pulse becomes small, and there is an extreme prostration of the intellectual and physical faculties. There is a hyposthenic influence in both cases, by the narcotic action of the tobacco in one case; by the diminution of the circulatory force of the blood in the other. What individuals best resist sea sickness? Very young children, those who are at the breast, in whom the heart is relatively more voluminous, and the circulation more active than in adults, are not sensibly incommoded by the affection. Without being wholly exempt, animals experience it less than men, because with them the brain is nearly in the same horizontal plane as the heart, and it is not rare to see the poultry in their first voyage, present nearly all the signs of this affection, almost to vomiting,

when the sea is rough. Among the adult passengers, those who take the least exercise, and who go on deck in the breeze the least, remain the longest under the influence of sea sickness. And among persons equally habituated to sea life, those who by their functions or rank have the least corporeal activity, are more liable to return of nausea than the common sailor who works the vessel, who mounts the masts and yards, and is exposed to more tedious movements than those on deck. Dulness of spirits and lassitude, a cold drizzling rain that cools the skin, and diminishes the circulation, are predisposing causes. Towards the close of sea sickness, when the nausea and vomiting begin to leave some respite, one is inclined to somnolence, as after hemorrhages. Is it not by a sedation of the same kind that infants are quieted and put to sleep by rocking them? In fine, M. P. concludes that whatever raises the force and accelerates the rhythm of the circulation, prevents or diminishes the liability to this affection. Strong and frequent respirations act thus, according to the testimony of M. Arago, who warded off sea sickness until the fatigue of the respiratory muscles obliged him to renounce this prophylactic means. M. Jobard and many others have recommended a girdle which compresses the abdomen at the base of the chest. This in truth alleviates, but not because it confines the intestines, but because it contributes to push the blood towards the brain. It acts in the same manner as a person lying down with the head low, a position that is sufficient to dissipate the nausea of persons affected by syncope, or that after bloodletting, which state presents a striking analogy to sea sickness. Moreover, a proof that compression of the chest and abdomen is not a sovereign remedy, is, that corsets do not prevent women from being affected by it. In these two comparative states (hypothymic nausea, after bloodletting, and maritime nausea), the impression of a sharp breeze is equally favorable, and the first symptoms have been sometimes overcome by going on deck, and receiving the direct action of a brisk current of air. To verify the theory of M. Pellarin, if those who are placed in circumstances that cause sea sickness should have large cuppings from the lower limbs, they would experience the first attacks sooner, as in this case there would be two concurring causes to deprive the brain of the normal afflux of blood that it ordinarily received. Another mode of verification that M. P. has not employed, is auscultation applied to the large vessels of the neck; we are inclined to think that the *bruit de soufflet* ought to be heard in individuals who are affected by sea sickness, as well as with chlorosis.

M. P. recognizes an analogy between the nausea produced by the motions of a vessel, and the nausea and vomiting of women during the first months of pregnancy; that is, at an epoch when the womb becomes the centre of a sanguineous afflux, and consequently diverts from the brain a portion of the vivifying liquid that it received. Many women have declared that nothing resembled more the nausea of the commencement of their pregnancy than that they experienced the first few days at sea. Another circumstance which strengthens this theory is, that generally pregnant women are rarely taken with vomiting while they remain in bed, and, on the contrary, often so taken, when they change the horizontal to an up-

right position. Why are women more nervous? why have they odd tastes and irresistible desires, during the period of pregnancy? Is it not because the nervous system is at this time less supplied with blood, and that the blood, as every one knows, is the moderator of the nerves. A similar cause produces the greatest susceptibility among women during the menstrual period. To cite an example—a lady, who had never been sea sick during many voyages, experienced it severely in crossing the English Channel when she had one of her periodic evacuations.

To resume the conclusions. First, the sickness produced by the sea, by riding in carriages, by swinging, are all phenomena of the same nature, determined essentially by the influence exercised on the circulatory march of the blood in the movements that the body undergoes under these different circumstances. Second, this influence has its principal effect in diminishing the ascending force of the excitatory liquid in the aorta and the arteries branching from it; from this results a hyposthenic state of the brain by anemia or hypohemia. Third, the insufficient excitation of the cerebral organ determines, by sympathy, spasmodic contractions of the diaphragm, vomitings—which have a particular tendency to reconvey the blood which is wanting towards the nervous centre. These efforts are a crisis which takes place in a conservative end. They manifest themselves not only in sea sickness, but in many other circumstances where the brain becomes suddenly deprived of its normal supply of blood; for example, in persons not affected by phlegmasia who are bled.

Treatment.—There are two orders of means to be employed. The first consists in removing one's self as much as possible from the cause, i. e., from the motions of the vessel, in remaining in a recumbent position, in a hammock suspended without sensible friction at its points of attachment. The second has for an end to combat the effects of the cause on the organism. It acts especially to this end in stimulating the circulatory function by all the agents susceptible of increasing its energy. Thus, a tonic regimen, active corporeal exercise for some days preceding embarkation. At sea, if the weather permits, one ought to keep on deck, in the breeze, make large inspirations, walk quickly and until he perspires or is fatigued; or, better still, to engage in some hard exercise, even with the sailors in working the vessel. Hard work, that which requires great muscular effort, is the surest prophylactic against sea sickness. The girdle has also its advantages in contributing to force the blood towards the head, and perhaps in seconding the contractile force of the heart. Before the manifestation of the nausea, warm and exciting drinks are favorable. Thus coffee, tea, with the addition of a little brandy, may give a greater disposition to resist it, in stimulating the circulation and maintaining a diaphoretic state of the skin. Among the medicines, those which have an analogous effect on the economy may be administered with advantage, such as opium, saffron, acetate of ammonia, &c. When the sickness is declared, recourse is only to be had in the palliatives: lemons, exciting aromatics, relieve some persons; also the horizontal position, especially with the head low, in a hammock or bed suspended like a compass. But if one wishes to shorten the duration of the nau-

seous influence of the sea and diminish the tribute he must pay to a nautical acclimation, he must struggle with all his energy against the tendency to inaction.

Therapeutic employment of sea sickness.—A cause which determines in the economy so great a commotion as sea sickness, without leaving any unhappy consequences, as a therapeutic agent merits more attention than has been given it. M. Pellarin thinks that it may be possible to obtain from it valuable results in many acute and chronic affections. This observation was familiar to the ancients. We read in Pliny, "Vomitings, produced by the motion of a vessel, act as a salutary remedy in many diseases of the head, eyes, chest, and in all affections for which hellebore is given." In more modern times, Esquirol and Blanche have judiciously advised its employment in cases of recent mania. But in the few attempts that have been made, there has happened, what might have been easily foreseen, from the true theory of maritime nausea, that the maniacs, highly excited, have not been affected by sea sickness, whilst the physicians who accompanied them have been a prey to it during the whole voyage. From the knowledge already acquired of the nature and etiology of sea sickness, there seems nothing in the way to second, to aggravate voluntarily its influence in a curative end. Even an apparatus might be made to produce all the effects of rolling and pitching, without the necessity of a sea voyage. By reason of the powerful sedative and hyposthenic influence of sea sickness, may we not draw from its employment the greatest advantages, not only in acute cerebral affections, but also in certain pneumonias, pleurisies, and, finally, in a great number of inflammatory diseases?

Paris, June, 1847.

CASE OF DELIRIUM TREMENS TREATED BY INHALATION OF ETHER.

By J. E. Upham, M.D., Boston.

[Communicated for the Boston Medical and Surgical Journal.]

WILLIAM PERRY, an Irishman, 48 years of age, is of sanguine temperament, strong and robust frame, and has generally enjoyed firm health. He is a hostler by occupation, and has been a man of intemperate habits for many years. On Monday, July 12th, was committed to House of Correction, having for several days previously been drinking very freely, according to his own statement. On the same day he presented himself to the hospital as an out-patient, for treatment of chronic ulcer on the leg. At that time he showed no indications of delirium tremens, with the exception of slight tremors, manifested, particularly, about the hands. Towards evening grew wild and uneasy; tremors increased and became general. Slept but little during the night, and was found next morning in a state of high excitement, with tongue thickly coated, pupils dilated, lids tremulous, muscles universally agitated, pacing his cell, talking incessantly, and raving incoherently.

During the following twenty-four hours the patient showed all the usual symptoms of delirium tremens in a marked degree. He slept none, but walked the floor without intermission, talked disconnectedly, and, as is usual in like cases, busied himself in the performance of imaginary tasks. He was constantly pressing against the walls of his cell, or endeavoring, with the fancied assistance of horses, to remove the iron door. Meanwhile, if questioned, he would answer to the best of his ability, and obey directions with alacrity for the moment, but immediately relapsed into his previous state of delirium. This, at times, assumed a violent form, so that it was deemed necessary to take away his bed and all other moveable articles within his reach, and keep attendants by him day and night to protect him from injury.

For the succeeding forty-eight hours, this state of things continued with but little variation, all the grave symptoms increasing in severity.

The usual treatment having failed, and large and repeated doses of morphia proving utterly powerless to produce sleep, the patient was found on Friday morning still in a state of wakefulness and high delirium, but so much exhausted as to make it a matter of the highest moment to induce sleep immediately. In this condition it was thought expedient, as a last resort, to make trial of ethereal inhalation—and the ether was accordingly administered by the sponge.

The patient was very refractory, and required to be held by assistants, in the meanwhile struggling, raving and cursing. After inhaling the vapor for the space of ten or twelve minutes, he appeared quiet, and was thought to be fully under the ethereal influence; but upon the removal of the sponge he sprang up and commenced raving anew. The process was repeated, and continued for ten minutes more, at the end of which time the patient was brought fairly under the desired influence, and fell asleep. From this state of *artificial sleep* he passed, *without waking*, into a quiet, deep, and untroubled slumber, which continued, *without intermission*, for four and a half hours.

He was seen several times during the continuance of this sleep, and within a few minutes after he awoke. He then appeared perfectly rational, called for cold water, and asked to have his leg dressed (he had bruised it badly during the delirium). In the course of half an hour he fell again (as was anticipated) into a quiet sleep, which continued, with few intermissions, during the afternoon and night.

This morning (Saturday) he appears perfectly rational and well, though weak. Has no recollection of anything that has happened, from night-fall on Monday to the time of his first waking on Friday afternoon.

Query.—Would the ether have brought about the same result in an earlier stage of the disease, before exhaustion supervened? If not, would a repetition of the same have been more effectual?

IMPERFORATE ANUS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I was called on the 20th of last month to see an infant child, who, the messenger said, “seemed to have no passage from the bowels.” The child was some eight or ten hours old, the mother having been attended during her confinement by a midwife, there being no physician within some eight miles of her residence. With the following exceptions the appearances of the child were healthful. The lower extremities were not well developed, and the cuticle was wanting in considerably large portions, while in other parts it appeared dry and horny. The spine also terminated from two to four inches higher up than natural; the sacral portion of it, if no more, being wanting. The *raphe* along the perineum extended only a short distance back of the scrotum, and there was no appearance of the anus. I came to the conclusion, that from the external appearance of the child, there was malformation of the pelvic viscera, or that some portions were wanting, and did not therefore attempt the operation for artificial anus. A few hours after I left, the child commenced voiding meconium per urethra, and continued to do so till death, which occurred forty-eight hours from its birth.

Post-mortem Examination.—I found, on examination, a termination of the rectum into the neck of the bladder, by a very small opening, barely sufficient to admit an ordinary-sized probe. The rectum, besides the opening already described, terminated against the lower lumbar vertebra.

I do not know that the above case is of any practical importance, but, as a case of *lusus naturæ*, it is interesting, and as a humble member I wish to give it to the medical profession.

I wish to say, not because we are glad it is true, that we have plenty of empiricism here, down East; such as Thomsonism, which, however, has had its *run* and is *becoming* obsolete; and, shall I say, hydropathy? We have a “cold-water cure,” so called, in this place, headed by Dr. E. A. Kittredge, formerly of Lynn, Mass. Will you, Mr. Editor, give us your views, and, if you please, those of some of your correspondents, upon hydropathy.

LEWIS W. HOUGHTON.

Waterford, Oxford Co., Me., July 8th, 1847.

DR. JACKSON'S REVIEW OF DR. GAY'S STATEMENT, &c.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I had at first thought that the “twice-told tale,” in a late No. of your Journal, under the imposing name of J. B. S. Jackson, M.D., required some notice from me; but, on a re-perusal of the paper in question, I felt a degree of commiseration for the learned and distinguished individual who had the misfortune to give such a production, on a great scientific matter, to the public, and will forbear. Had Dr. J. seen my review of Dr. Gay's pamphlet, which he so much admires, and the statements of which he but recapitulates, I trust he never would have suffered

his "review" to see the light, as, it seems to me, I have shown the falsity and unsoundness of the very positions on which he and Dr. Gay rest the cause of their principal, Dr. C. T. Jackson. And as I have fully anticipated the arguments of Dr. Jackson, I will leave his review, merely saying that, common courtesy ought to have prevented him from applying to me the epithet, "Mr. Morton's *agent*," reminding him that courtesy begets courtesy. He knows, or ought to, that if I am Dr. Morton's agent, Dr. Gay is the *agent*, and he but the *sub-agent*, of Dr. Jackson—the one in the defence of truth, the others of error!

But while writing, with your permission I wish to allude to a point or two in this controversy. Many people cannot understand, or have never heard, why the name of Charles T. Jackson was used in the letters patent. But the solution is easy. Dr. Morton was made to believe, by the solicitor consulted—who happened to be Dr. Jackson's intimate friend, and who had heard but one side of the question—that he (Dr. M.) could not take out letters *in his own name and alone*. This was soon after the discovery was made, when but comparatively little was thought of it, and was done in haste, as Dr. Jackson admits, without fully weighing the matter. But on learning the true state of the case, the solicitor consulted has made all the amends expected of an honorable man, by saying that if, at that time, he had been in possession of all the facts, he would never have advised Dr. Morton to admit Dr. J.'s name into the letters patent. Acting under misapprehension as he did, and Dr. M. being governed by incorrect, though honest, advice, the reason of such a union is obvious.

I am much pleased with a communication in a recent No. of your Journal, signed "J. B." It seems to be a fair and impartial statement of the matter in controversy. Although gratified with the whole article, I was particularly pleased with the principles laid down, on which the honor of other great discoveries has been awarded, and which must govern the public mind in regard to this. And, acting on these principles, the only ones heretofore recognized by the world in determining the rights of discoverers, "J. B."—understood to be Jacob Bigelow, M.D.—has, it seems to me, conferred all the honor in the case in question, upon Dr. Morton. I will let this distinguished writer, however, speak for himself. He states the case thus:—"Several Portuguese navigators *suggested* that there was undoubtedly a western continent, and Columbus *discovered* that there really was one. Jonathan Hull, in 1736, made a *theoretical* steamboat on paper, and seventy years afterwards Robert Fulton made a *practical* one on the Hudson. The milkers in Gloucestershire *discovered* that their sore fingers, contracted in milking cows, prevented them from having the smallpox, and *suggested* this mode of prevention to Dr. Jenner, who at that time knew no more about vaccination than Dr. Morton did about ether." These are the principles, or rather this is the great principle, which has governed, and which cannot fail—even to gratify Dr. Morton's enemies—to govern the judgment and opinion of the public in its verdict relative to the question in controversy.

In regard to the "bond" given by Dr. Morton to Dr. Jackson, for

the payment of the ten *per centum*, I have a word to offer, and will close. Dr. Gay says Dr. J. "has received no pecuniary advantage from this patent, and he has determined that he never will receive any" (!) A very wise determination, after he knew Dr. M. had lost several thousand dollars, and is now thoroughly embarrassed by the discovery. But what was Dr. J.'s "determination," when he supposed Dr. Morton was making money by means of "this patent?" On the 28th January Dr. M. received a long communication from Dr. J.'s attorneys, Francis B. Hayes and Charles G. Loring, Esqs., appealing to Dr. M.'s sympathies and feelings, and, after stating the case of their client at length, finally say—"Under the present circumstances of the case, we think that the least that in justice to yourself and Dr. Jackson you can offer, is *twenty-five per cent. of the profits* arising from the invention, both at home and abroad, in settlement of his claims upon you. Our community are, as you are aware, much interested in the subject; and, so far as our observation extended, there was a general feeling of indignation expressed by the public when it was rumored that Dr. Jackson was to receive but ten per cent. of the profits of the discovery." And in conclusion, they say:—"We hope you will see, by our suggestions, that we wish *only* to have a *fair distribution of the profits* of a discovery made among those who cannot, *if they disagree*, effectually sustain the patent, and which, if sustained, promises to give all parties large sums of money for their united co-operation."

Now I appeal to the public, whether these extracts look like a willingness to give the discovery free to the world. Dr. J. and his friends have much to say about his disinterestedness in destroying the "bond" and resolving to receive nothing from the patent. If so disinterested, let him help Dr. Morton out of his embarrassments, inasmuch as he was to be benefited in case of success. "*Twenty-five per cent.*," or even "ten per cent.," would now be of great service. But Dr. J.'s readiness to bestow this discovery upon the public, reminds me of a personage spoken of in the New Testament, who offered, on certain easy conditions, to give away all the kingdoms of the earth! On this subject Dr. Gay further laconically says of Dr. J., "he has destroyed the bond." This occurred as follows:—On the morning of the anniversary of the Massachusetts Medical Society, Dr. Martin Gay called at Dr. Morton's office, and asking for pen and ink, erased the names to the bond, Dr. M. not having time to assent to, or dissent from, the transaction. It was all done in a moment, Dr. G. bringing a young gentleman with him, I suppose as witness. At the medical dinner the same day, Dr. Jackson, in speaking of "his discovery," his claims, disinterestedness, &c., alluded to this transaction, saying, in substance, that he had not received anything under the patent, that he did not expect or wish to, and that he had "destroyed the bond." The public will now understand the measure of Dr. J.'s disinterestedness in voluntarily rescinding this famous bond, after he, by his attorneys, had threatened Dr. M., appealing to his sympathies, his fears, and after bringing up every consideration to procure the "twenty-five per cent." In due time I shall submit this whole document, which

will show very clearly how little anxious Dr. J. and his friends were for the emoluments arising from "his discovery."

EDWARD WARREN.

Boston, July 23, 1847.

EXTRAORDINARY ENLARGEMENT OF THE HEAD.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following case is at your service, if it possesses sufficient interest to find a place in the Journal. It was brought to mind by reading the case reported by S. B., Jr., in the Journal of June 30th, and although not exactly a congenital case, the admeasurements may render it a matter of curiosity at least.

I saw the child about a year since. It was then a little more than a year old. At its birth the head was not particularly enlarged, but a tumor, of the character of spina bifida, existed at the junction of the occipital with the mastoid portion of the temporal bone, about the size of a butternut. The head gradually increased in size from the time of the child's birth; and when I saw it, the measurements were as follows:—The largest circumference above the ears, thirty-four inches; from the base of the frontal to the base of the occipital bone, across the top of the head, thirty-two inches; from one ear to the other, twenty-nine inches; from the top of the shoulder to the level of the top of the head, ten inches; from the external angle of the eye to the external meatus auditorius, three inches; length of the arm, ten inches; from the top of the shoulder to the toe, nineteen inches. The face was small and in proportion to the body of the child.

So far as could be judged, the intellect of the child was perfect. The child lived for some six months after this, but whether the head continued to enlarge I do not know, as I did not again see it.

Greene, N. Y., July 7, 1847.

A. WILLARD.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, JULY 28, 1847.

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*Tetanus.*—An interesting paper on the treatment of this disease, by Dr. Brooks, of Bernardston, was inserted in No. 22 of this volume of the Journal. The very frequent unsatisfactory results of treatment in this affection were alluded to by Dr. B., and reports of the experience of others solicited. To show that lock-jaw is of the same intractable nature in other countries, as well as to present a case of its occurrence from an unusual cause, the following extract from the proceedings of the Royal Medical and Chirurgical Society of London, at a meeting held May 11th, is copied. The case was reported by George Pollock, F.R.C.S. Some discussion among the

members followed its reading, but nothing of practical importance was elicited.

"J. S——, aged 33, was admitted into St. George's Hospital, under Mr. Keate, on the 10th of January, 1847. He had that morning received a cut from a gig whip on the left eye, which lacerated the cornea, dividing it through its entire thickness, and extending obliquely across from one margin nearly to the other. The aqueous humor had escaped, but there was no prolapsus iridis, and but little pain or chemosis. Goulard's lotion was applied, and an antimonial and aperient saline ordered every six hours. On the following day the lids were distended and tense, and there was great chemosis, the conjunctiva almost hiding the cornea; the pain also was great in the globe and forehead. Six leeches were ordered to the left temple, and warm fomentation. The above symptoms were still further aggravated on the following day, when several punctures were made in the upper lid, which afforded immediate relief. On the third day the leeches were repeated, and three grains of calomel, and half a grain of opium, was ordered twice in the day. On the sixth day, the visible portion of the cornea was cloudy; and on the seventh there was purulent discharge from the tense and projecting globe. On the evening of the same day, the muscles of the face on the right side appeared contracted, and the patient complained of stiffness about the jaws. On the ninth day, trismus was fully established, and the hemiplegic condition of the face had become more distinct. He had been blistered and cupped on the previous day. A puncture was made into the projecting globe, and gave exit to some foul pus. General tetanic symptoms subsequently supervened, and he died on the following morning, an ineffectual attempt having been made to affect him with the vapor of ether. On examining the body, the vessels within the cranium seemed to be congested; as were those of the mucous membrane lining the larynx and pharynx. The liver and kidneys were also gorged with blood. The globe of the affected eye was completely disorganized, its different component structures being scarcely at all distinguishable. The author considers the above case interesting from its extreme rarity, as he is unaware of any record existing of a similar lesion producing corresponding results. The apparent paralysis of the face he also regards as an interesting complication, and it was unexplained by the post-mortem examination. The irritation and distress occasioned by the attempt to administer the vapor of ether were such as to forbid perseverance in this endeavor to relieve the patient's frightful sufferings. In the tabular view which the author gives of ten other cases of tetanus admitted into St. George's Hospital since 1811, it appears that only two recovered. Seven of the fatal cases were traumatic, and the symptoms of the disease declared themselves within 3 weeks of the receipt of the injury, with one exception. In four cases the brain was rather congested, and in one there was softening of the spinal cord. The author remarks, that no satisfactory conclusions can be drawn from the treatment of these cases, both opium and Indian hemp having proved uncertain and unsatisfactory remedies."

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*Elephantiasis Scroti.*—In 1837, Oct. 3, Dr. Picton, of New Orleans, operated upon a negro in that city—excising the scrotum, which weighed 53 pounds. The testes were saved. The man is still alive, in fine health, and as recently as five weeks ago, became the father of a child. Knowing that many gentlemen are solicitous to learn the condition of the patient, if

still in being, we take pleasure in presenting these facts. An operation of the kind, was comparatively new in this country, when Dr. Picton grappled with it,—nor has a case presented since, where the enlargement was so enormous. The successful termination of the case, regarded, as it properly was, in the light of an uncommonly formidable disease, where the chances in favor of the sufferer were any thing but encouraging, gave Dr. Picton a reputation for boldness, accuracy, and surgical skill, which was due to such an effort to save a human being from impending death in an awful form. One of the numbers of the ably conducted New Orleans Medical Journal, contained, a few months since, a history of the circumstances, which is calculated to influence operators in their efforts to stay the progress of maladies, even in their most disheartening aspect. To that publication, therefore, readers are referred for an accurate detail of the appearance of the patient, when the article was written.

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*Wood's Practice of Medicine.*—We have on a former occasion spoken of the general character of this comprehensive treatise on the practice of medicine, by Dr. George B. Wood, of Philadelphia. We have since looked into the volumes, more in detail, and find no reason for altering the views at first expressed, that the whole production is a meritorious undertaking, alike honorable to the attainments of the author, the institution of which he is a professor, and the country to which they belong. It is not because there is any dearth in the market of such special guides to practice, that we dwell with pleasure on the appearance of Dr. Wood's treatise, for there are many, although there is no surfeit of those on which reliance can be placed. Unfortunately, a large proportion of the medical writers of books have some favorite opinions to inculcate or theories to establish,—and in their efforts to accomplish this, they lose sight of some of the essential points on which the intrinsic value of a hand-book to every-day practice depends. American practitioners are generally so circumstanced, that they cannot sit down to a quiet, uninterrupted study of all the new dispensaries, monographs or therapeutic discussions on the tapis. The books they require must contain the truth, in the smallest compass; and in whatever relates to diseases, their symptoms and treatment must be clearly expressed, without circumlocution. Lastly, the improvements and discoveries of the day must necessarily be incorporated into the text, so that an alphabetical index may guide them to an instantaneous possession of the facts.

Dr. Wood's treatise possesses the advantages of combining all these requisitions. A philosophical physician will have enough to occupy him in Part I., embracing General Pathology and Therapeutics. The first chapter is on constituent forms of disease; diseases of the fluids; of the solids; mechanical and chemical causes; irritation, inflammation, depression, congestion, depression, fever, &c. In Part II. there is ample employment for an analytical mind, beginning with irritative fever and ending at erysipelas. But we have no space for further remarks on this truly valuable work.

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*Pancoast's Surgery.*—Although an active spirit of hostility was displayed towards this work, soon after its publication, from various sources, it has been sought for with avidity. A gentleman called on us last week, who was extremely anxious to procure a copy, which he said could not be had of the trade in the city of Boston. He pleaded with such earnestness

that he persuaded us to let him take it from our library, till it could be replaced. It is one of the curiosities of literature, that many books that have been condemned by the press on their first appearance, are nevertheless in demand by practical men. The public appetite for treatises which show how certain things are to be accomplished, is never lessened by learned dissertations on their inutility. While some few would willingly dispense with all kinds of surgical illustrations, but revel in long details of the best way of applying an eighteen-tailed bandage, the great majority of readers take the idea instantly by a picture of the parts in an operation—the position of the hands, the shape of the instruments, &c. ; and however determined any class of writers may be to make illustrated surgical works unpopular, they will always be sustained—will sell, and be appealed to as authority. Men are but children of a larger growth, and they act out the instinctive characteristics of their nature by preferring the easiest road to knowledge.

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### New York Correspondence.

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*Public Charities of New York.*—The flood of immigrant paupers into New York, almost wholly from Ireland, during the present year, has awakened public attention to the provision made by the civic authorities for the shelter of the poor and the care of the sick, multitudes of whom are now thrown upon our shores. It may be interesting to many of your readers to learn somewhat of these public institutions of charity, and especially of the hospitals, which are now so thronged, by reason of the ship fever with which so many of the foreign immigrants are suffering on their arrival.

There are attached to our Alms House Department—

- 1st. The Bellevue Hospital.
- 2d. The Penitentiary Hospitals.
- 3d. The Nursery Hospital.
- 4th. The New Alms House Hospital.
- 5th. The Lunatic Asylum for paupers.

The first of these is in the city proper, and the rest on Blackwell's Island, in the East River. All of them are supported at the expense of the corporation, and at present filled with patients, who are chargeable to the city as paupers, or prisoners. In addition to these, the State has a Marine Hospital on Staten Island, under the charge of the Health Officer, and is attached to the Quarantine establishment. Into this Hospital the immigrants who arrived between May, 1846, and May, 1847, are provided for, if sick with temporary disease, for one year after their arrival.

In anticipation of the present influx of foreign paupers, by a late law the State has provided a Board of Commissioners of Immigration, with ample funds, who are to take charge of all paupers arriving at the Port of New York from foreign countries, subsequent to May 5th, 1847. This Board have but recently entered upon their duties, and have not matured their plans, but temporary hospital accommodations have been provided by them, which are filled with the sick from ship-board either on Staten Island, Ward's Island, or in private hospitals adjacent to the city. In a short time, however, there can be little doubt that some permanent establishment will be organized of ample extent.

A brief notice of each of these hospitals will hereafter be furnished, so soon as the re-organization of the Medical Police of the Corporation shall

be perfected, upon which the Common Council are at present intently engaged.

For the present, it may suffice to say that no city can exceed New York in the extent of its provision for the poor, and especially for the sick. How far pauperism is encouraged and increased by these and other public charities, is still a mooted question among civilians; and the opinion seems rapidly gaining ground that there should be no other alms house, except hospitals; the sick and the infirm being thus cared for, while the healthy and all able to work should be required to support themselves by labor, in a house of industry if need be, or upon some other adequate plan. It is certain that thousands of whole families have emigrated thither with no other calculation than a reliance that they would all be supported here on their arrival, if well in the Alms House, and if sick in the hospitals. Multitudes of these in good health are found in our alms houses, apparently having no other or higher ambition than to be fed, clothed and nursed at the public expense. Nor can these be driven from our alms houses in any other way than by requiring them to labor, an expedient which, when universally adopted, will empty our alms houses of the well, while the sick will all be cared for in our hospitals.

R.

*Eclecticism.*—A correspondent in Ohio writes thus :—"I perceive that you allude to an Eclectic Institute in Virginia. I trust you will not confound that affair with our Cincinnati school. I don't know much about it, but regard it as an overt attempt to establish a Thomsonian School under our borrowed name. Several of their nominal faculty have declined the places for which their names were published, as soon as they perceived the character of the concern. I suppose it will be a failure. Eclecticism and Thomsonism cannot amalgamate."

*Philadelphia College of Medicine.*—At the first commencement of this new institution, recently held, the degree of M.D. was conferred on 16 gentlemen. Honorary degrees were conferred upon Dr. J. V. Boughner, Mount Morris, Green Co., Pa.; Dr. Edward P. Hale, Washington Co., Pa. The valedictory address was delivered by Dr. James McClintock.

TO CORRESPONDENTS.—Prof. March's report of a case of alleged Mal-practice, Dr. Ellsworth on the Ether controversy, two papers by Dr. W. H. Miller, Dr. J. R. Buchanan on the Eclectic Medical Institute, "Paracelsus" on Medical Ethics, and "Claudian's" remarks on Chlorosis, have been received.

MARRIED.—At Chicago, Illinois, James V. Z. Blaney, M.D., to Miss C. Butler.

DIED.—At Athens, Ohio, Dr. John R. Townsend, formerly of Hebron, Conn., 34—killed by the kick of a horse.—At Brattleboro', Vt., Dr. Wilson, a Scotchman. He was a native of Dunkirk, and completed his education just before he came to this country, in 1818.—In London, Thomas Bevon, M.D., 48.

*Report of Deaths in Boston*—for the week ending July 24th. 111.—Males, 63—females, 48.—Stillborn, 7. Of consumption, 11—typhus fever, 33—brain fever, 2—scarlet fever, 1—lung fever, 1—inflammation of the bowels, 5—dropsy on the brain, 6—disease of the bowels, 14—marasmus, 3—croup, 2—measles, 1—infantile, 7—accidental, 2—child-bed, 1—delirium tremens, 1—teething, 2—convulsions, 1—diarrhoea, 1—dropsy on the chest, 1—drinking ice water, 1—dysentery, 3—disease of the heart, 2—old age, 1—debility, 1—cholera infantum, 2—intemperance, 2—ulcers, 1—scrofula, 1—lock-jack, 1—paralysis, 1.

Under 5 years, 44—between 5 and 20 years, 12—between 20 and 40 years, 36—between 40 and 60 years, 11—over 60 years, 8.

*The Artesian Well of Charleston, S. C.*—We are happy to announce that our City Council have begun this long desired work, destined, we hope, ere long, to supply us abundantly with pure water. General A. H. Brisbane, well known as a scientific engineer, superintends the work, assisted by Mr. Branch. Mr. F. S. Holmes, who has practically and thoroughly studied the tertiary formations of our low country, makes the geological investigations, and has kindly furnished us with the following condensed statement of the strata which have been penetrated up to this time:—

Total number of feet to June 24th, 70. The alluvial strata were found 21 1-2 feet thick. At 21 feet 6 inches the post-pliocene beds were struck, from which about 42 species of fossil shells were obtained. These beds are 28 feet thick. At 49 feet 5 inches the eocene beds were reached, with their characteristic fossils—i. e. teeth of the squallidæ, vertebræ of osseous fishes, and shells of the Ashley and Cooper river beds of eocene marl. At 63 feet 1 inch, hard marl was found. The shaft has penetrated this some 8 or 10 feet. The diameter of the bore is 8 inches.—*Southern Journal of Med. and Pharmacy.*

*Test for Water in Alcohol.*—In no country are physicians more interested in knowing whether the alcohol they use is free from water than in the United States. There are various methods known to almost every one for ascertaining this, but there seems to me none so simple, and few, I am inclined to think, which succeed so well as that of M. Casoria, published in the *Journal of Medical Chemistry*. It is based upon the property possessed by the common hydrated sulphate of copper of losing its color when it becomes dry, and regaining it when again brought in contact with water. Thus, if we place a piece of anhydrous sulphate of copper in a vessel containing the alcohol which it is wished to test, in a short time it becomes blue if the alcohol be mixed with water; whereas if it is absolute, the salt will remain white.—*Dr. YANDELL's Letters in Western Med. and Surg. Jour.*

#### NATIONAL MEDICAL COLLEGE, WASHINGTON, D. C.

The annual course of Lectures in this Institution will commence, as usual, on the first Monday in November, and continue until the first of March,

##### FACULTY.

THOMAS MILLER, M.D., Professor of Anatomy.

JOHN M. THOMAS, M.D., Prof. of Physiology and Medical Jurisprudence.

WILLIAM F. JOHNSTON, M.D., Prof. of Obstetrics, and the Diseases of Women and Children.

CHAR. G. PAGE, M.D., and LEONARD D. GALE, M.D., Professors of Chemistry.

JOSUA RILEY, M.D., Prof. of Materia Medica and Therapeutics.

JOHN FRED. MAY, M.D., Prof. of Surgery.

GRAFTON TYLER, M.D., Prof. of Pathology and Practice of Medicine.

JOHNSON ELIOT, M.D., Demonstrator of Anatomy.

Clinical Lectures delivered and operations performed on patients from the Infirmary, which is attached to the College, and from the public Dispensary.

The rooms of Practical Anatomy will be opened early in October. The fees for a complete course of Lectures will amount to \$90. Demonstrator's ticket, including his recapitulatory Lectures, \$10. Degrees conferred by authority of the Columbian College.

WILLIAM F. JOHNSTON, M.D., *Dean.*

June 30—coptN1

7th Street, between E and F.

#### NEW HAMPSHIRE MEDICAL INSTITUTION—DARTMOUTH COLLEGE.

The Fifty-first Annual Course of Lectures will commence on Monday, the 2d of August, 1847, and continue sixteen weeks.

HON. JOEL PARKER, LL.D., Prof. of Medical Jurisprudence.

DIXIE CROSBY, M.D., Prof. of Surgery and Obstetrics, and Diseases of Women and Children.

E. E. FULLER, M.D., Prof. of Materia Medica and Therapeutics.

O. P. HUBBARD, M.D., Prof. of Chemistry and Pharmacy.

J. BOST, M.D., Prof. of Theory and Practice of Medicine and Pathological Anatomy.

E. R. PEABLEE, M.D., Prof. of Anatomy and Physiology.

A. S. WARNER, A.B., Demonstrator of Anatomy.

Fees for the Course—payable in advance, \$50. Matriculation, \$5. Graduating expenses, \$18.

Hanover, N.H., June 1, 1847.

June 9—eptA4

E. R. PEABLEE, *Secretary.*

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